

PREMARITAL EXAMINATION CERTIFICATE

CONFIDENTIAL

THIS REPORT IS CONFIDENTIAL AND NOT
OPEN TO PUBLIC INSPECTION EXCEPT AS
PROVIDED BY IC 31-7-4.

APPLICANT

Name of applicant _____

Address (number and street, city, state, ZIP code) _____

PART 1 - LABORATORY STATEMENT OF STANDARD RUBELLA TEST

I hereby certify that a standard test for Rubella was performed on a blood specimen for the applicant.

Test performed: Rubella _____
Name of test kit used _____

Laboratory _____
Name and address of laboratory _____

CLIA registration number _____

Date test completed _____ by _____
Signature of Laboratory Director or Authorized Representative

**PHYSICIAN SHALL BE NOTIFIED OF RUBELLA TEST RESULTS.
RESULTS ARE NOT TO BE RECORDED ON THIS FORM.**

PART 2 - PHYSICIAN'S EVALUATION REPORT

I hereby certify that I have evaluated the laboratory test result for the applicant listed above.

Check statements below which apply to the applicant.

- ☐ Applicant is at least 50 years of age.
- ☐ Applicant objects to rubella test on religious grounds.
- ☐ Applicant presents evidence of sterilization.
- ☐ Applicant presents laboratory evidence of previous test declaring her immunity to rubella.
- ☐ Applicant presents a written record that a rubella vaccine was administered to her on or after her first birthday.

Signature of Physician _____

Date of evaluation (month, day, year) _____

Address of Physician (number and street, city, state, ZIP code) _____